ATTACHMENT: 4.22-B Revision: HCFA-PM-90-2

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OMB NO. 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Mississippi

Requirements for Third Party Liability-Payment of Claims

(1)The provider is not required to file with Citation the third party prior to filing Medicaid 433.139(b)(3) in a situation where the TP is derived (ii)(c) from a parent whose obligation to pay 55 FR 1423 support is being enforced by the State Title IV-D Agency.

(2) A threshold amount of \$100 is used to 433.139(f)(2) determine whether to seek recovery from a 50 FR 46652 liable third party except for traumarelated claims in which case a threshold amount of \$250 is used.

(3) Pursuant to the waiver received from HCFA, 433.139(f)(3) Region IV, all pharmacy claims will be accumulated on a quarterly basis for filing beginning with July 1, 1986 paid claims. Third Party recovery will be pursued when the accumulated quarterly pharmacy claims for each recipient equal or exceed a \$100 threshold.

> Third party recovery will be pursued when the accumulated monthly trauma code paid claims amount for each recipient equals or exceeds a \$250 threshold.

The MMIS will generate monthly invoices of prenatal, preventive pediatrics, and IV-D related claims when the accumulated paid claims for each recipient with a third party indicator in the claims payment system and no third party amount listed on the claim, equals or exceeds a \$100 threshold.

*Formerly approved as Attachment 4.22-B, Page 1A.

50 FR 46652

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Requirements for Third Party Liability-Payment of Claims

447.20(e) 55 FR 1423

The Medicaid provider may not refuse covered services to an individual who is eligible for medical assistance under the plan on account of a third party's liability. The provider may not seek to collect from the Medicaid eligible individual (or any financially responsible relative or representative of that individual) if the total amount of the third party liability is equal to or greater than the amount payable under the State Plan (which includes, when applicable, approved cost-sharing payments.) When the total third party payment is less than the amount payable under the State Plan (which includes, when applicable, approved cost-sharing payments), the provider may collect from the individual (or any financially responsible relative or representative) an amount the lesser of any approved cost-sharing amount or the difference between the amount payable under the State Plan and the total third party payment.